Results. 21 patients, mean age 74, 81 years (DS ± 6,377), 85.7% male, the most common primary tumor were prostate (42.9%), followed by lung (33.3%). All received radiation therapy (20–30 Gy), located metastatic bone pain: column (47.6%), pelvis (28.6%) and rib (23.8%). On first visit the most frequent score for pain was EVA 8 (42.9%), for sleep 7 (33.3%), and for status performance 6 (38.1%). There was significant improvement of pain (1%) during first month and 3 months of treatment. Only 3 patients presented constipation at 3 months.
Conclusions. There was an adequate control of pain with low rate of constipation.

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Neck pain due to metastatic lung adenocarcinoma

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Background. Although computed tomography and magnetic resonance imaging have greatly contributed to the ability to identify metastatic disease in head and neck cancer, inadequacies in evaluating lymphadenopathy still exist. Case description: Here we present a patient with neck pain of about 3 months of progression. Over time the pain was becoming more intense. This symptomatology following a cervical MRI study was attributed to a cervical discopathy, for this reason the patient was referred to our outpatient clinic, and on physical examination shows no neurological deficit, only there is a tenderness in the back of the neck. However, in the cervical MRI we observed the presence of a small mass that enhanced the contrast material in the posterior subaponeurotic tissue of the cervical region. To our view, this mass was consistent with a metastatic tumor lesion, so surgery was recommended. Radical excision was performed, and the pathological study confirmed that the lesion was compatible with soft tissue metastases of adenocarcinoma originating in the lung. Afterwards the patient received chemo- and radiation therapy.
Conclusions. Don et al. (1995), in 36 neck dissections from patients with squamous cell cancer found a large number of malignant nodes having diameters of less than 10 mm. Since the current radiological criteria for assessing the status of the cervical lymph nodes are based largely on size, the findings indicate the major limitations in the detection capabilities of metastatic disease. For this reason it is important the history, the physical examination and a detailed analysis of imaging studies. Because, of this depends that patients receive an adequate treatment for their condition and needs.

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Palliative hyperfractionated accelerated radiotherapy in bulky cervical nodes

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Background. Continuous, hyperfractionated, accelerated radiotherapy schedule is based on a dual premise, aggressive shortening of the overall treatment time and a reduction in the radiation dose per fraction, increase the tumoricidal effect and tolerance of late adverse events. This schedule of alterated fractionation, would offer a therapeutic advantage by delivering a high BED in a reduced treatment time in radiotherapy of symptomatic bulky cervical nodes in terminal patients with a short vital prognosis, where late effects are not significant.
Purpose. To test the safety and affectivity of hyperfractionated-accelerated radiotherapy (HART) in patients with symptomatic bulky cervical nodes and poor vital prognosis.
Methods and materials. 6 patients were treated in 2012, 5 men and 1 woman, average age 65 years and median Karnofsky score, 80% with neck nodes bigger than 6 cm in. Primary sites were lung in 4 patients and head and neck in 2. The mean total dose was 53 Gy, median dose per fraction 2 Gy twice a day and average treatment time of 11 days. CTV encompassed GTV plus 1 cm margin.
Results. All patients present signs of skin tumor infiltration and 5 patients has also pain with inadequate analgesic control with opioid. Radiotherapy was administrated to relive pain and to prevent skin infection, ulceration and psychological impact. Visual analog scale score (VAS) was >7 in all patients before radiotherapy, with a reduction of 6 or more points in VAS scores 1 week after treatment in all. CT Scans performed 1 month after, showed a tumor volume shrinkage >85% in 5 patients. Average survival time was 3 months, and no skin ulceration or infection was seen. No GIII-IV skin or mucous membrane reaction was seen.
Conclusion. HART could be a good option of palliative symptomatic treatment for poor prognosis patients with bulky neck nodes where high radiation doses are needed in a short time.

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